

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILE NO.
91674173

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2	/		1			
3	3					
4	3					
5	3					
6	3					
7	3					
8	1		1			
9	1		1			
10	1		1			
11	2		1			
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TOTAL IND.	3		3			
TOTAL DEP.	10	↔	8	↔		
TOTAL CLAIMS	13	[REDACTED]	11	[REDACTED]	[REDACTED]	

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100				
TOTAL IND.				
TOTAL DEP.		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]

BEST AVAILABLE COPY